

Minutes
CDC/ATSDR Occupational Health and Safety Committee
May 31, 2001
Chamblee Campus, Building 102

In Attendance: Kathi Kellar, NCID (Chair); Amanda Stoddard, ATSDR (Vice Chair); Jean Gaunce, OHS (Acting Executive Secretary); Pat Blackwell, OHC; Terri Thompson, Lifestyle Program; Tammy Gorny, OHS; Bud Zebehazy, PSA; Eunice Akin, AFGE; Harry Marsh, FPPMO; Len Schmanski, PSA; Gerald Cooper, NCEH; Frances Hardy-Bennett, OHS; Doris Pattillo, PHPPPO; Stirling Close, EPO; Matt Sones, OHS; Jim Roppo, PHPPPO (via telephone); Kymber Williams, NCCDPHP (via telephone); Frieda Quarles, DCMO (via telephone); Patti Simone, NCHSTP (via telephone); William Thornton, HRMO (via telephone); Brezena Avery, HRMO (via telephone); Rozita McFadden, NIP; Frank Godbey, NIOSH-Cincinnati (Envision); Michael Breitenstein, NIOSH-Cincinnati (Envision); Beth Ramage, NIOSH-Morgantown (Envision); Stephanie Kraynak, NIOSH-Morgantown (Envision)

CIOs with No Member Attending: RPSMA, NCHS, NCIPC, FEO

Meeting Summary:

Kathi Kellar called the meeting to order at 2:40pm. Two changes to the previous minutes were noted. The first under "Subcommittee on Communications," item #2, change "submitted" to "subcommittee". The second, under "Subcommittee on Policy Monitoring," the second paragraph could essentially be dropped since this had already been done. With these changes, a motion was made and seconded to accept the minutes from the previous meeting.

Kathi Kellar reported that the new Center was contacted and invited to participate in the OHSC. As they are still organizing their Center, they did not provide a representative for this meeting, but will be represented in the near future.

Amanda Stoddard reported that she had distributed a final copy of the OHSC charter to all OHSC members by email.

Status Reports from OHS Staff

Automated External Defibrillators (AEDs)

Tammy Gorny briefly discussed the requirements of the HHS policy for the use and purchase of Automated External Defibrillators. The draft guidelines obtained in January call for a written plan and training in the use of the equipment and the plan to be in place before purchase of the equipment can occur. The State of Georgia regulations require that AEDs be under a physician's control. Since we have Dr. Blackwell on board, this will not be a problem.

Tammy Gorny summarized the results of a questionnaire that she had sent out last July regarding the use of AEDs:

NCHS is in the process of purchasing a unit

Morgantown NIOSH has two units

Spokane has a Life Pak 500 . Washington State regulations call for it to be under medical control. A physician has signed off on their plan.

Pittsburgh has a Life Pak 500 which is also under physician control

Cincinnati ??

Atlanta - one unit at the Roybal Campus Clinic, one at the Chamblee Clinic, one at the Fitness Center, Roybal Campus and one will be placed at the Rhodes Building Fitness Center

ATSDR has requested 19 AED units to be placed in all of their facilities and remote locations.

Pat Blackwell gave a brief history and outlined the benefits of the AEDs. She distributed a handout which was taken from the HHS Guidelines and included a "Sample AED Protocol and Response Order Elements." She stated that the guidelines are not too detailed and provide plenty of leeway for agencies to develop their individual protocols.

Questions were raised about the size and weight of the units - basically the size and weight of a laptop computer. Concern was expressed about the units walking off if placed in readily accessible locations. This issue should be addressed in the protocols.

Tammy Gorny stated that the Medical Advisory Board has expressed interest in the AEDs. However, this interest seems to be limited to sanctioning the use of the units and not being bogged down in the details or development of the required plans. A request was made for the formation of an ad hoc committee to work on developing the protocol and for program implementation. All interested parties should contact Tammy Gorny.

Terri Thompson demonstrated an AED training unit and described its self-check features and how to use the unit. Each unit will be equipped with a dry, disposable shaver, gauze pads, paper and pencil, scissors, and any other necessary items prior to distribution. Terri Thompson also briefly outlined some basic do's and don'ts in the use of the AEDs. The units are designed to deliver a shock to the victim only if two types of irregular rhythms (**ventricular fibrillation or ventricular tachycardia**) are detected. If during the units analysis of the victim no pulse is detected, the unit will instruct you to begin CPR. A question was raised regarding EMS response times to CDC facilities. Pat Blackwell commented that EMS has a rather fast response time to our facilities and that for all life-threatening emergencies 9-911 must be called immediately. We cannot rely solely on the AEDs as more intensive life saving procedures may be necessary.

A question about the use of cell phones near victims and the use of AEDs was raised. It was determined that in the protocol and implementation plan that training rescuers and the general CDC population about staying clear of the victim especially when using a cell phone or other device that may interfere with the use of the AED. Information can also be incorporated into the Occupant Emergency Guide and Pocket Guides regarding this issue.

Another question was brought up concerning how the plan would be implemented and whether or not a select group of personnel would be trained to handle the AED or if everyone would be trained in its use. Amanda Stoddard stated that it would not be feasible to train only a few persons due to differing schedules, unavailability of personnel for vacations, sick days, etc. These units were meant to be used by the general public. Again, this issue needs to be addressed in the overall plan.

A question about liability for CDC personnel and contractors was brought up. CDC personnel are covered by the Federal Tort Act. Federal Good Samaritan laws in general should also cover federal employees and possibly contractors. The State of Georgia has extended their law to cover persons who provide such assistance.

Kathi Kellar reiterated Tammy Gorny's request to form an ad hoc committee to address development of an AED protocol for CDC. She asked for volunteers either on the OHSC or any interested parties within the CIOs. (Jim Roppo and Joyce Rodriguez have volunteered.)

Tammy Gorny stated that once we develop the protocols using the draft guidelines, they will be reviewed by the Medical Advisory Board and eventually signed off by Dr. Koplan. At that time the AEDs could be purchased through Centralized Mandatory Funds.

Fire Prevention Policy:

Frances Hardy-Bennett distributed a copy of the Fire Prevention Policy. She stated that under OSHA, written plans are required for employee evacuation and for fire prevention. The CDC Occupant Emergency Plan addresses the employee evacuation requirement and this new Policy will address the fire prevention portion of the standard. Frances Hardy-Bennett briefly went through the outline of the policy. She stated that surveys have been completed for Lawrenceville, Chamblee, and Roybal Campus facilities. Each building has been evaluated for hazards present and emergency response information gathered. The evaluation of leased space facilities in Atlanta and areas outside of Atlanta still has to be worked out and coordinated with the Location Safety Officers or Facility Managers.

One issue within the plan that may cause some concern is the section on Employee-Owned Appliances (Section VI, D). This may be an issue during winter months when a surge in the appearance of portable heaters is found, use of coffee pots in offices, etc. Real Property and Space Management Activity is requesting the use of employee-owned appliances be kept to a minimum. Heating and cooling concerns should be addressed through maintenance of the buildings' systems. In the policy, Managers and Supervisors in conjunction with RPSMA or the Lessor, are responsible for verifying that the electrical service is adequate to accommodate additional loads to the system and that the equipment is used in a safe manner.

A question was raised about use of portable space heaters in leased facilities - the policy states that they are prohibited unless authorized, but according to GSA regulations their use is prohibited. Frances Hardy-Bennett stated that if the heater is medically necessary, then it is an accommodation and its use is permitted.

Another question was raised regarding fire detection and alarms in smaller buildings. If buildings do not have more than 100 occupants, then an alarm and detection system may not be required. Frances Hardy-Bennett explained that CDC has gone back and had some systems installed in smaller facilities. Currently she is trying to get agreement from RPSMA to install these systems whether required or not in new facilities or during build outs. This will need to be addressed with the Lessors during negotiation of leases since it will involve ongoing maintenance of the systems.

A question about area of refuge was raised also. Frances Hardy-Bennett stated that she is looking into creating/designating such areas, however, certain design criteria must be met first (ex. communication systems available). In the future, CDC will be moving into this as a cost-effective solution and in response to our ever decreasing Campus space availability. She has offered to work with CIOs to help designate/design areas for current facilities.

A discussion was held regarding problems with personnel complying with evacuation procedures. Comments were made that people seem to go out all doors and anywhere they want to outside of the buildings (Williams Building). Jim Roppo stated that two monitors are posted on the first floor to direct people to the appropriate assembly areas, but there are still people not wanting to go as directed or taking the evacuation drills seriously. Frances Hardy-Bennett stated that evaluations of facilities were made during the fire drills held in April. She will be sending feedback to the CIOs to show how well they are doing in participating in the drills.

Frances Hardy-Bennett stated that in the Fire Prevention Policy the outlined responsibilities of managers and supervisors require that they ensure that their personnel are informed about the policy and are safely out of the building during drills and emergencies. Discussion was held regarding the need to have required training made part of the CIOs Supervisory safety training module. Dr. Cooper stated that an implementation plan should be developed to ensure an orderly and well thought out plan is put together and all issues of concern addressed.

Smoking Policy

The presentation of the Smoking Policy was tabled until the next OHSC meeting due to time constraints. A copy of the Union agreement was provided and will be distributed to OHSC members prior to the next meeting.

Subcommittee Reports

Communications Subcommittee

Kymer Williams mentioned that the Visitors in the Workplace Policy and the Training Policy were both finalized and emails announcing the policies had been sent to CDC employees. She asked the Committee what additional work was needed in getting the information out to CDC employees and to get their attention. Recommendations were made and included sending out an Executive Summary to all employees regarding each policy and that supervisors needed to be

informed and educated about their responsibilities under each policy. Jim Roppo made the suggestion that a presentation be made to the ADMO, PMO, or other Management level meeting with the CIO's OHSC representative and a representative from OHS. This presentation should be used to distribute the policies and reinforce supervisors' responsibilities. Freida Quarles recommended that for the Supervisory Training course handout materials be developed and distributed as a ready reference for supervisors.

Kymber Williams will develop a plan and work with the subcommittee on how to proceed.

Reproductive Hazards Subcommittee

As no member of the subcommittee was present, discussion of the meeting which took place with HRMO will be tabled until the next OHSC meeting.

Kathi Kellar did report that a meeting was held with HRMO to discuss development of a possible policy addressing reproductive health. Representatives from HRMO, EEO, and Labor Relations agreed that no formal policy should be developed, but guidelines or a reference guide could be developed. They suggested that the OHSC work with what policies and guidelines are currently in place.

OHSC Policy Monitoring Subcommittee

Stirling Close provided a list of the policy review groups formed to address the existing policies:

Corridor Policy - Joanne Jones, OHS rep; Harry Marsh; Frank Godbey

Ergonomics Policy - Jean Gaunce, OHS rep; Cheryl Goodridge

Training Policy - Richard Green and Pat Galloway, OHS reps.; Jim Roppo

Visitor Policy - Robert Hill, OHS rep.; Bud Zebehazy - Implementation plan needed.

The AED protocol and Fire Protection Policy will be added when they become finalized and an implementation plan developed.

OHSC Meeting was adjourned at 4:30pm

Respectfully submitted,

Jean A. Gaunce, Acting Executive Secretary, OHSC